

## NDI CERTIFICATION RECORD

1. NAME

2. RATE/RANK

3. CERTIFYING ACTIVITY

4. EFFECTIVE DATE

5. RECERTIFICATION DUE DATE

6. THIS INDIVIDUAL IS CERTIFIED TO CONDUCT NDI BY USE OF THE FOLLOWING METHOD(S):

☐RADIOGRAPHY☐EDDY CURRENT☐LIQUID PENETRANT☐ULTRASONIC☐MAGNETIC PARTICLE☐OTHER (Specify in remarks)

7. REMARKS:

8. SIGNATURE (Certifying Official)

9. DATE

Original to: Individual's Qualification/Certification Record